EMERGENCY
STATE OF KANSAS

KANSAS EMERGENCY MANAGEMENT YEARLY APPLICATION BUDGET FOR STATE AND LOCAL ASSISTANCE GRANT

DATE:	JURISDICTION:			FISCAL YEAR:
A. SLA FUNDED STAFF	B. POSITION	C.% OF TIME WORKED SLA		D. TOTAL PERSONNEL COSTS
A. SLA FUNDED STAFF	B. FOSITION	FULL- TIME		(SALARY AND BENEFITS)
TOTAL PERSONNEL CO	STS			

INSTRUCTIONS KEM 16

- COLUMN A SLA FUNDED STAFF -List names of staff members for which SLA funding is requested.
- COLUMN B POSITION List positions of SLA funded staff
- COLUMN C % OF TIME WORKED SLA Enter the % of time worked SLA by the position listed in column A in the appropriate column to indicate whether the position is full or part-time.
- COLUMN D ESTIMATED PERSONNEL EXPENSES Enter dollar amounts for total salary and employee benefits such as retirement, insurance, etc.